

**S/N Unknown**

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant:	Mark D. Tompkins et al.	Examiner:	Unknown
Serial No.:	Unknown	Group Art Unit:	Unknown
Filed:	Herewith	Docket:	1528.011US3
Title:	SYSTEMS, FUNCTIONAL DATA, AND METHODS TO BIASING MAP MATCHING		
(Continuation Under 37 CFR 1.53(b) of USSN 10/365,169 filed February 11, 2003)			

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**INFORMATION DISCLOSURE STATEMENT**

MS PATENT APPLICATION  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

In compliance with the duty imposed by 37 C.F.R. § 1.56, and in accordance with 37 C.F.R. §§ 1.97 *et. seq.*, the enclosed materials are brought to the attention of the Examiner for consideration in connection with the above-identified patent application. Applicants respectfully request that this Information Disclosure Statement be entered and the documents listed on the attached Form 1449 be considered by the Examiner and made of record. Pursuant to the provisions of MPEP 609, Applicants request that a copy of the 1449 form, initialed as being considered by the Examiner, be returned to the Applicants with the next official communication.

Pursuant to 37 C.F.R. §1.97(b), it is believed that no fee or statement is required with the Information Disclosure Statement. However, any fee deemed to be due may be charged to Deposit Account No. 19-0743 in order to have this Information Disclosure Statement considered.

Pursuant to 37 C.F.R. §1.98(d), copies of the listed documents are not provided as these references were previously cited by or submitted to the U.S. Patent Office in connection with Applicants' prior U.S. application, Serial No. 10/365169, filed on February 11, 2003, which is relied upon for an earlier filing date under 35 U.S.C. §120.

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Dkt: 1528.011US3

The Examiner is invited to contact the Applicants' Representative at the below-listed telephone number if there are any questions regarding this communication.

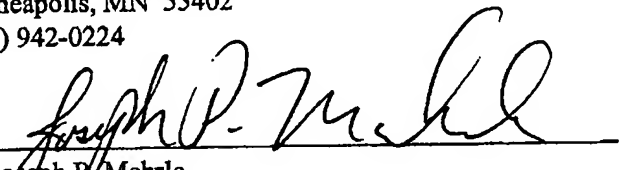
Respectfully submitted,

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This paper or fee is being deposited on the date indicated above with the United States Postal Service pursuant to 37 CFR 1.10, and is addressed to the Commissioner for Patents, Mail Stop Patent Application, P.O. Box 1450, Alexandria, VA 22313-1450.

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**INFORMATION DISCLOSURE  
STATEMENT BY APPLICANT**  
(Use as many sheets as necessary)

Complete if Known

<b>Application Number</b>	Unknown
<b>Filing Date</b>	Even Date Herewith
<b>First Named Inventor</b>	Tompkins, Mark
<b>Group Art Unit</b>	Unknown
<b>Examiner Name</b>	Unknown

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Examiner Initials*	Foreign Document No	Publication Date	Name of Patentee or Applicant of cited Document	Class	Subclass	T <sup>2</sup>
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Examiner Initials*	Cite No <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>4</sup>
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DATE CONSIDERED

Substitute for form 1449A/PTO <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> <i>(Use as many sheets as necessary)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;"><i>Complete if Known</i></td> </tr> <tr> <td style="width: 50%; padding: 2px;"><b>Application Number</b></td> <td style="padding: 2px;">Unknown</td> </tr> <tr> <td style="padding: 2px;"><b>Filing Date</b></td> <td style="padding: 2px;">Even Date Herewith</td> </tr> <tr> <td style="padding: 2px;"><b>First Named Inventor</b></td> <td style="padding: 2px;">Tompkins, Mark</td> </tr> <tr> <td style="padding: 2px;"><b>Group Art Unit</b></td> <td style="padding: 2px;">Unknown</td> </tr> <tr> <td style="padding: 2px;"><b>Examiner Name</b></td> <td style="padding: 2px;">Unknown</td> </tr> </table>	<i>Complete if Known</i>		<b>Application Number</b>	Unknown	<b>Filing Date</b>	Even Date Herewith	<b>First Named Inventor</b>	Tompkins, Mark	<b>Group Art Unit</b>	Unknown	<b>Examiner Name</b>	Unknown
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Substitute Disclosure Statement Form (PTO-1449)

\* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 809. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. † Applicant's unique citation designation number (optional) ‡ Applicant is to place a check mark here if English language Translation is attached